PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10/069302

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY															
TOTAL CLAIMS			(Column		COIL	iiii 2)]	RATE	FEE	7	RATE	FEE	ļ ·		
· · · · · · · · · · · · · · · · · · ·							ł	BASIC FEE		1	BASIC FEE		ł		
FOR			NO.EDETT TEST		NUMB	ER EXTRA		BASIC FEE	445	OR	BASIC PEE				
TO	TAL CHARGE	BLE CLAIMS	339 minus 20= * -			ナ		X\$ 9=	168	OR	X\$18=				
INC	DEPENDENT CI	LAIMS	3 A minus 3 = "					X42=		OR	X84=				
M	JLTIPLE DEPEN	IDENT CLAIM P	IESENT			_ 🗆		+140=		OR	+280=				
* 11	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	ı	TOTAL	475	OR	TOTAL				
-	С	LAIMS AS A	MENDED - PART II						553		OTHER	THAN			
		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	AMIST 12/10/13		
	Total	. 32	Minus	* 3	2	=		X\$ 9=		OR	X\$18=		12/19/03		
ME	Independent	• 2	Minus	**3		=		X42=		OR	X84=		, .		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=				
REST AVAILABLE CONTRACTOR TOTAL OR TOTAL												<i>.</i>			
(Column 1) (Column 2) (Column 3)											AUUH, FEE I				
		CLAIMS		HIGHES	ST		1 r		ADDI-			ADDI-			
N F		REMAINING AFTER		NUMB PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE	۲	RATE	TIONAL FEE	AF		
AMENDMENT	Total	*	Minus	**	<u> </u>	=	1	X\$ 9=		OR	X\$18=		NE		
	Independent	•	Minus	***		8	1	X42=		OR	X84=		10 E 5/21/04		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ∤	+140=			000		, ,		
<u> </u>										OR	+280=				
	·			•			4	TOTAL ODIT, FEE		OR	TOTAL ADDIT. FEE				
		(Column 1)		(Colum		(Column 3)	1								
ပ		CLAIMS REMAINING		HIGH! NUME	BER	PRESENT	lΓ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL			
ENT	<u>y</u> ,,	AFTER AMENDMENT	<i>\$</i> {:	PREVIO		EXTRA]	HAIL	FEE		MAIL	FEE			
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=				
ME	Independent	•	Minus	***		=		X42=	e e z Agy	OR*	-∴X84=				
FIRST PRESENTATION OF MOLTIFLE DEPENDENT CLAIM															
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. +140= OR +280=												:			
**	If the "High st Nu	mber Pr viously Pa	lid For IN THE	S SPACE IS	less than	1 20, enter "20.		TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	·			
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, nter "3." The "High at Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.															
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Marie Committee Committee